

THE
GOOD HEALTH
MAGAZINE



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*Arabesques,
plies, acrobatic leaps
and daily advice
from a physical
therapist*



Peter Marshall, the American Ballet Theater's full-time physical therapist, helps Baryshnikov heal the aches and strains that are part of every dancer's life.

S **By Toni Bentley**

EVEN THOUSAND PEOPLE filled the Shrine Auditorium in Los Angeles one night last year to see Mikhail Baryshnikov dance "Giselle" with the American Ballet Theater. Peter Marshall, the physical therapist for the company, was watching backstage. Baryshnikov made an exit in the first act, grabbed Marshall's arm and his own left foot and said, "My foot — I can't put weight on it, I can't point it."

Marshall immediately suspected a subluxated cuboid, a partial dislocation of a small bone on the side of the foot, which puts pressure on the third or fourth metatarsal. It is a fairly common problem for dancers and though not serious, causes sharp, sudden pain and total immobility in the foot. Dancing becomes a physical impossibility — as Baryshnikov's panic clearly showed.

Marshall asked Baryshnikov how long he had before his next entrance. "About four minutes," said the dancer. Marshall set to work, sending someone nearby for bandaging tape and telling Baryshnikov

Toni Bentley, a former dancer with the New York City Ballet, is the author of "Winter Season: A Dancer's Journal."

to relax. Marshall manipulated the foot. There was a loud pop, and two sighs of relief. Baryshnikov wiggled his foot and was able to stand. The pain was gone.

Marshall hurriedly taped the cuboid in place to prevent a recurrence, and Baryshnikov put on his shoe and ran back onstage. During intermission the cuboid went out again, and once again Marshall popped it back and retaped it. It held for the remainder of the demanding second act. "It was Misha's best 'Giselle' on tour," says Marshall.

For Baryshnikov, having a physical therapist on the spot saved that performance. It was Dr. William Hamilton, the orthopedist for the A.B.T., who recommended in 1982 that Baryshnikov see Peter Marshall for treatment of acute Achilles tendinitis. They have worked side by side ever since, with Marshall helping the dancer to withstand the rigors that a grueling schedule exacts on his body. Three years ago Marshall gave up his private practice to become the American Ballet Theater's first full-time therapist, and now spends up to 12 hours a day working in his A.B.T. office. He also travels with the touring group "Baryshnikov and Company" in

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Baryshnikov

STAYING IN TOP CONDITION

PHOTOGRAPHS: ABOVE, MARTHA SWOPE; RIGHT, GREG HEISLER



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BARYSHNIKOV

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in the summer months when A.B.T. is not in season.

Before Marshall, Baryshnikov says he used to resort to shots of cortisone for a specific serious ailment. Now, with daily care, such a radical and often dangerous measure is a thing of the past. Marshall, as Baryshnikov's therapist, has become an extension of the dancer's body, knowing its every idiosyncrasy, weakness and pain. The dependency is extreme and the communication telepathic. How close are Baryshnikov and Marshall? "I feel like I am married to him," Baryshnikov says.

In the last 20 years, classical dancing has reached a level of technical prowess that would have astonished, and perhaps horrified, Anna Pavlova. There are more companies, more dancers and more competition. Dancers move with more speed and precision in more complex choreography. "Dancers train more vigorously and bodies are pushed to do more than ever before," says Marika E. Molnar, physical therapist for the New York City Ballet who has worked extensively with Natalia Makarova as well as Baryshnikov.

All classical ballet is based on "turnout," a position of the hip sockets that produces a 180-degree outward rotation of the legs and feet. More often than not, injuries can be related to the tensions caused by turnout, which a dancer must maintain continually. A grande jeté, for example, requires a dancer's muscles and tendons to move together fluidly in a turned-out stance, from a plié, with arms and head held steady, into a high leap with legs in a split. This is a miracle, common on stages everywhere, considering that there are hundreds of possibilities for malfunction.

A professional dancer works six days a week, up to 12 hours a day, often for several months without a break. As many as eight of those hours are spent taking classes, rehearsing and performing. When Dr. Hamilton said to Lincoln Kirstein, co-founder and general director of the New York City Ballet, that human bodies simply were not made to move around on their toes, Mr. Kirstein observed that Dr. Hamilton seemed to have "the curious notion that man was a part of nature."

"Dancers' injuries are

unique," Marshall says, "and are all related to the demands that ballet places on the body." The ideal body for dancing has a flexible back, torso and limbs, a natural external rotation of the hips and a highly arched foot. But no dancer has a perfectly constructed physique and the resulting limitations can be the cause of injury.

In extreme cases, a dancer may be left at the end of a career with a permanently bruised body. Usually the problems are less severe: pulled or torn tissues, bone spurs, chips or fractures, dislocated joints, spasms, blood poisoning from blisters, bursitis, ingrown toenails, infected corns and calluses, all of which will heal completely in time.

Dancers, by necessity, develop a high pain tolerance. As the student turns professional, one of the hardest trials is learning to expect pain. As Marshall says, "they must adapt to the fact that they are going to have pain." Certain daily pains indigenous to dancers — muscle soreness, fatigue, cramps, spasms and aches all over — become second nature.

No dancer has a career free of pain and injury, but the recorded instances are few. It is very rare to see a dancer succumb onstage to pain. Why, when the public would be interested, are dancers' injuries, unlike athletes', not made public with daily progress reports in the papers? Because dancing is an art form dedicated to illusion and, unlike sports, it is not a competition.

Baryshnikov, as the ballet master George Balanchine did, has strong views about injuries: they are private affairs within the family of a ballet company and not for general knowledge. Dancers are paid for performance, and they are public property only then. Physical and emotional problems remain in the wings. This, Baryshnikov says, is a dancer's right. An injury is frustrating and, sadly, even embarrassing, because a dancer is temporarily unable to do the work that defines and justifies existence.

Baryshnikov has had his share of physical problems, but he has been fortunate because he is living in a time when physical therapy for

dancers has come of age. "Dancers, if they are smart, can have a career into their 30's and 40's," says Baryshnikov, "unlike athletes who can burn out in their 20's." This is because dancers have "a craft, a school" on which their art is based, he says, and this "creative process," provides an endless source of strength when the machinery is less than perfect.

In 1980, Baryshnikov assumed the demanding dual role of dancer and artistic director of the A.B.T. and subsequently altered his health habits radically. He has stopped smoking and drinking alcohol, though his eyes light up with a mischievous twinkle at the thought of a glass of "good red wine" with dinner. Having been a steak man, he now eats red meat infrequently and has a diet of fish, chicken, fruit and vegetables. He used to eat "eggs, bacon and potatoes — everything" for breakfast. Now, he eats only cereal and fruit.

Regular orthopedists are often baffled both in diagnosing and in caring for dancers. Thus, just as sports medicine has become a specialized field of its own, there are now physical therapists and orthopedists specializing in dancers' problems. It is a rarefied occupation requiring that both the therapist and the doctor know the minute details of how a turned-out body functions, something quite different from normal biped movement. As the knowledge of dancers' physical predicaments has grown, preventive therapy has blossomed, and now injuries can be prevented by strengthening exercises and care for those specific parts.

Before Marshall's affiliation with the A.B.T., the dancers had to seek out (and pay for) individual treatment. This was time-consuming, especially on tour, when injuries flourish because of unforeseen dancing conditions. It also often meant missing rehearsal and then finding, when the dancer was able to perform, that he had been replaced. It is now inconceivable to Baryshnikov and the dancers that they ever survived without Marshall.

Marshall is in his mid-30's, and with his slim build, fair complexion and slightly overwrought demeanor he could easily be mistaken for one of the dancers he treats. He began his career as a physical therapist at Fordham Hospital in the Bronx and later opened a private prac-

tice treating mostly runners and squash players and only a few dancers. Referred by word of mouth, his work took a drastic turn when dancers started flocking to his office.

Wherever the company is performing, Marshall sets up his treatment area, usually in a dressing room. During the A.B.T.'s 1986 spring season at the Metropolitan Opera House, he occupied a 12 foot by 14 foot space, vastly undersized for the traffic that constantly passed through. In the room are two portable massage tables for patients, and scattered about are various electrotherapeutic and exercise machines, bottles of alcohol, anti-inflammatories, aspirin, bandages and foam padding.

Marshall has five regular office hours a day. A treatment may take 10 minutes to bandage a hurt foot, or an hour and a half to assess and treat a back problem. He averages 26 treatments a day, though the number recently went up to 40, a sign of the cumulative effects of months of touring and performing.

The dancers wait on each other's laps and sprawl on the floor. Dancers are treated on a first-come, first-serve basis, and Baryshnikov waits his turn like everyone else. After determining what the problem is, Marshall decides on the procedure for healing. This invariably begins with ice, to decrease inflammation. Ice is irreplaceable as an anti-inflammatory; the theater is littered with dripping plastic bags attached to ankles, knees and necks.

Adjustments to correct structural imbalances, back and joint manipulation, wrapping and taping of knees and feet proceed at a quick pace. Marshall plugs dancers into the electrotherapeutic machines, which aid healing. The electrotherapeutic stimulation consists of two moist sponge pads that are attached to opposite sides of the injury and send electrical pulses through the body.

He encourages proper stretching after every strengthening exercise, so that the muscles do not tighten, cramp or lose their essential elasticity. Marshall has

found that having the dancers stand on a wedge-shaped stretch board, with toes up and heels down, has greatly reduced the complaints of Achilles tendinitis. The dancers also balance on a tilt board, a small flat surface that rocks on a central axis. The gentle controlled rocking back and forth uses the hamstrings and inner thigh muscles necessary for turnout.

Assessment of an injury often involves a discussion with the dancer about his habits. Marshall watches the dancers in class, rehearsal and performance to see causes of problems and to prevent future ones. Is a dancer compensating for a weak hip, rolling over too much on his arches, swaying his back, using different shoes, not warming up properly or forcing his turnout unevenly? He will speak to the dancer, and they will devise a plan of action together. This often involves weighing the pros and cons of doing an important performance against the possibility of complicating the injury further, an emotional dilemma for dancers whose careers are short and

whose chances of a big break are few.

In August 1985, Dr. Hamilton performed arthroscopic surgery on Baryshnikov's right knee. Worn and torn cartilage from years of dancing was "cleaned up" as was the sheath of the left Achilles tendon. In 1982, he had microsurgery on the same knee to remove a section of torn medial meniscal cartilage.

The recuperation from surgery back to the stage is a long and arduous process. Now Baryshnikov visits the therapy room once or twice a day to work with Marshall, to rebuild the muscles around his knee and to correct other potential problems. He lifts weights and does resistance exercises. "Misha is very cooperative, and extremely aware of his body," says Marshall. "We've worked very hard since the operation."

But Baryshnikov says there is "pain every day," onstage and off. "I have calcium deposits all over my body," he says, that are a result of years of overstressed joints, ankle and knee problems.

Baryshnikov swims three

or four times a week; the weightless state of the body in water is a wonderful antidote to the pressures of gravity that dancing aggravates. He has three or four massages a week ("I am trying to do only two"). He smiles when reminded of Balanchine's feeling that massage was a palliative for injuries. "He had some funny ideas," Baryshnikov says with affection.

Before class, Baryshnikov sits in layers of sweatpants, shirts and sweaters with a towel around his neck like a prizefighter, ready to catch the sweat that signifies a dancer's happiest state: warmth. Dancers take care of their bodies with the same intensity and concentration that defines their art; it is simply another component of the job. They prevail because of a discipline that never succumbs to the fatigue of the body, their instrument, and because of the enduring faith in their craft. As Baryshnikov walks into class, the back of his long robe is revealed. In bold red letters it reads, "Tiger Misha." ■

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